

WRITING REQUIREMENT FORM

NAME _____ PANTHER ID _____

EMAIL _____@student.gsu.edu

COURSE TITLE _____ COURSE NUMBER _____

PROFESSOR _____ GRADE _____

SEMESTER ☐ FALL
☐ SPRING
☐ SUMMER

YEAR _____

By signing below, the undersigned student waives all experiential course credit (if any) associated with the above-designated course.

REQUIRED SIGNATURES

STUDENT SIGNATURE _____ DATE _____

PROFESSOR SIGNATURE _____ DATE _____